



# HEALTH QUARTERLY STATEMENT

As of March 31, 2002  
of the Condition and Affairs of the

## Aetna U.S. Healthcare Inc. (a Maine corporation)

NAIC Group Code..... 0001,                      0001                      NAIC Company Code..... 95517                      Employer's ID Number..... 01-0504252  
(Current Period) (Prior Period)

Organized under the Laws of ME                      State of Domicile or Port of Entry ME

Country of Domicile    US

Licensed as Business Type Life, Accident & Health[ ] Property/Casualty [ ] Hospital, Medical & Dental Service or Indemnity [ ] Dental Service Corporation [ ] Vision Service Corporation [ ] Health Maintenance Organization [X] Other [ ]

Is HMO Federally Qualified? Yes [ ] No [X]

Date Incorporated or Organized..... October 3, 1995                      Date Commenced Business..... April 10, 1996

Statutory Home Office	One Monument Square, 4th Floor..... Portland ..... ME ..... 04101 <i>(Street and Number) (City or Town, State and Zip Code)</i>	
Address of Main Administrative Office	980 Jolly Road, P.O. Box 1109..... Blue Bell ..... PA ..... 19422 <i>(Street and Number) (City or Town, State and Zip Code)</i>	800-872-3862 <i>(Area Code) (Telephone Number)</i>
Mail Address	980 Jolly Road, U14C, P.O. Box 1109..... Blue Bell ..... PA ..... 19422 <i>(Street and Number or P. O. Box) (City or Town, State and Zip Code)</i>	
Primary Location of Books and Records	980 Jolly Road, P.O. Box 1109..... Blue Bell ..... PA ..... 19422 <i>(Street and Number) (City or Town, State and Zip Code)</i>	800-872-3862 <i>(Area Code) (Telephone Number)</i>
Internet Website Address	www.aetna.com	
Statement Contact	James David Weiss <i>(Name)</i> AUSHC.HMOReporting@aetna.com <i>(E-Mail Address)</i>	215-775-6508 <i>(Area Code) (Telephone Number) (Extension)</i> 215-775-6790 <i>(Fax Number)</i>
Policyowner Relations Contact	Plan Sponsor Services, 151 Farmington Avenue..... Hartford ..... CT ..... 06156 <i>(Street and Number) (City or Town, State and Zip Code)</i>	800-247-5472 <i>(Area Code) (Telephone Number) (Extension)</i>

### OFFICERS

President ..... Mary Claire Bonner                      Treasurer .....  
Secretary ..... Gregory Stephen Martino

### VICE PRESIDENTS

Emanuel Francis Germano                      Paul Jeremiah Selian                      James David Weiss                      Alicia Helene Bolton  
Wayne Sedrick Rawlins

### DIRECTORS OR TRUSTEES

Mary Claire Bonner                      Daniel Richard Fishbein                      Wayne Sedrick Rawlins                      Emanuel Francis Germano

State of..... Pennsylvania  
County of..... Montgomery

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manuals except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

(Signature)	(Signature)	(Signature)
Mary Claire Bonner	Gregory Stephen Martino	
(Printed Name)	(Printed Name)	(Printed Name)
President	Secretary	Treasurer

Subscribed and sworn to before me this  
.....day of ....., 2002  
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